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***Our first care is your health care***

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Date: \_\_\_\_\_

Dear Provider:

Thank you for your interest in the AHCCCS Program. In order to process your claim under the **Out of State Provider – Waiver of Registration Requirements Policy**, the following requirements must be met.

**If you are registering as a hospital, home health agency, hospice or nursing home requirements are:**

- ◆ Copy of facility license (state)
- ◆ Copy or proof of Medicare Certification
- ◆ AHCCCS Provider Participation Agreement –signed by the CEO, CFO or administrator
- ◆ W-9 form
- ◆ UB-92 claim form

**If you are registering as an individual provider (professional or mid-level practitioner) requirements are:**

- ◆ AHCCCS Provider Participation Agreement – signed by the provider
- ◆ W-9 form
- ◆ CMS 1500 claim form

The above requirements can be faxed to the AHCCCS Provider Registration at (602) 256-1474 or mailed to:

AHCCCS  
P.O. Box 25520  
Mail Drop 8100  
Phoenix, AZ 85002-5520

Facilities are registered as active providers for the dates of service. Individual providers who qualify for this waiver are registered for 30 days. If a provider must provide services to an AHCCCS recipient for more than 30 days, the provider must complete the full registration process, unless there are extenuating circumstances. Providers previously registered with the AHCCCS program are excluded from registering under this policy and must submit a complete registration packet.

This policy does not apply to providers in-state or providers in areas that border Arizona. For a list of cities that are considered to be bordering Arizona, see the attached list.

For further questions, please contact the AHCCCS Provider Registration Unit at 1-800-523-0231 from 8:00 a.m. to 4:00 p.m. Monday thru Friday.